

The clinical placement plan (section 3) should be completed at the start of the training placement. The feedback clinical placement review (CPR) (section 4) should be completed at the end of the placement or after 26 calendar weeks of training (whichever is sooner), which includes the training program checklist for record of the assessments and courses completed during the CPR period. If more space is required than has been provided, please attach additional comments on a separate page.

The nominated Diving and Hyperbaric Medicine (DHM) supervisor of training should be available to provide support and advice to the trainee during the placement, and must sign the completed CPR form with the checklist before it is submitted to the College. The form must be submitted to the College within 10 days of the review meeting. Training time will only be approved upon receipt of the review form. The training requirements completed as per the checklist submitted will be stored in the trainee College training records.

1 TRAINEE INFORMATION

ANZCA ID:

Name:

2 TRAINING DETAILS

To be completed by the DHM supervisor of training.

Training Unit: Supervisor:

Full time equivalent (FTE): Full time Part time

If part-time, FTE (minimum requirement 0.2 FTE)

Review period start date:

Expected review period end date:

3 CLINICAL PLACEMENT PLAN

To be completed by the trainee and discussed with the DHM supervisor of training at a meeting at the start of the placement.

Based on previous clinical placements (if any) and opportunities this current placement will provide, which aspects of the ANZCA Advanced DHM Curriculum do you intend to focus on?

What volume of practice (VOP) cases do you specifically plan to achieve?

Which workplace-based assessments (WBAs) are you intending to complete? [i.e. Clinical assessment (CSA), Management plan assessment (MPA), Case-based discussion (CbD), Multi-source feedback (MsF)]

Are you intending to complete a course this placement? Yes No

If yes, Diving Medicine Hyperbaric Medicine Advanced Life Support

Is there anything else you wish to achieve by the end of the placement?

Notes/updates to plan during the placement.

The trainee must keep this plan in his/her portfolio and provide it to the DHM supervisor of training for completion at the Feedback CPR.

4 FEEDBACK CPR

To be completed at the end of the placement/after 26 calendar weeks (whichever is sooner) by the DHM supervisor of training after review of the logbook and training portfolio.

Clinical placement

Start date: End date:

Number of weeks of training (FTE) completed during this placement (excluding leave): _____

Total number of weeks of training (FTE) completed to date (excluding leave): _____

Are there any aspects of the clinical placement plan that the trainee did not achieve and why?

VOLUME OF PRACTICE

Refer to DHM placement VOP logbook and record total VOP logged for this placement.

VOP	Total logged this placement	SOT initials
Assessment of a patient for routine therapy		
Assessment of an emergency patient		
Interpretation of transcutaneous oxygen measurement		
Interpretation of tympanometry		
Supervision of routine treatment		
Preparation for and supervision of the treatment of a critically ill, intubated and ventilated patient*		
Planning of dressing regimen for chronic wound management		
Assessment of fitness to dive (recreational or occupational diving) or hyperbaric attendance		
Assessment of a diver for diagnostic or therapeutic purposes (including any pre-hospital advice and treatment)		
Supervision of initial recompression for decompression illness (DCI)		
Counselling following treatment for DCI/cerebral arterial gas embolism (CAGE)		
Assessment and treatment of barotrauma		
Measurement of visual acuity or refraction error during or after hyperbaric oxygen therapy (HBO) treatment to assess the development of hyperoxic myopia and counselling		
Treatment of hyperoxic seizure*		
Emergency chamber access for resuscitation*		

* indicates practice may be simulated.

Is the trainee making satisfactory progress with VOP requirements?

Yes No

WORKPLACE-BASED ASSESSMENT

WBA type i.e. CSA, MPA	WBA Description Refer to WBA requirements for minimum assessments	SOT initials

WBA type i.e. CSA, MPA	WBA Description Refer to WBA requirements for minimum assessments	SOT initials

Is the trainee making satisfactory progress with WBA requirements?

Yes No

Has the trainee actioned feedback provided via formative WBAs?

Yes No

COURSES

If the trainee has completed all course requirements in previous placements, you may leave this section blank.

Course requirement	Date completed	Location	SOT initials

Areas that still need supervisory input:

Suggestions for gaining greater independence:

Aspects from the clinical placement plan that need to be carried over to the next CPR:

5 GLOBAL ASSESSMENT

To be completed by the DHM supervisor of training

Overall the trainee is meeting expectations of training:

Yes

Borderline

No

Comments to support rating indicated above:

6 TRAINEE RESPONSE

I have sighted this form; have discussed the assessment with my DHM supervisor of training; and am aware that this assessment, including the requirements completed to date, will form part of my training record.

Trainee comments:

Trainee's signature: _____

Date: | | | | | | | | | | | | | | | |

7 SUPERVISOR OF TRAINING DECLARATION

I hereby verify that the information provided on this form pertains to the placement which is the subject of this review, and is an accurate summary of requirements completed, supported by evidence provided by the trainee in their placement logbook, program logbook and portfolio. This assessment has been informed by the sources as stated, and the assessment has been discussed with the trainee.

Supervisor's signature: _____

Date: | | | | | | | | | | | | | | | |

Supervisor name: _____

Send your completed form to the College:

ANZCA Training Assessment unit
PO Box 6095, Melbourne, Victoria 3004, Australia
Email: dhm@anzca.edu.au | Fax: +61 3 8517 5362